

No. W 78544		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEAVITT GREAT WEST INSURANCE SERVICES, LLC KATIE BEARNSON PO BOX 130 CEDAR CITY UT 84721 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MIKE TAYLOR	2345 KING AVENUE WEST SUITE A	BILLINGS	MT	USA	59102	
MEMBER	JAY JAMISON	2345 KING AVENUE WEST SUITE A	BILLINGS	MT	USA	59102	
MEMBER	PATRICK GREANY	21 1ST STREET NW	CHOTEAU	MT	USA	59422	
MEMBER	SHAWN SAMUELSON	2345 KING AVENUE WEST SUITE B	BILLINGS	MT	USA	59102	
MEMBER	TRAVIS CLARK	301 1ST STREET	SHELBY	MT	USA	59474	
MEMBER	SHAWN KRAFT	3130 SADDLE DRIVE SUITE A	HELENA	MT	USA	59601	
MEMBER	LEAVITT GROUP ENTERPRISES	216 S 200 W	CEDAR CITY	UT	USA	84720	
5. Organized Under the Laws of: MT W 78544		6. Annual Report must be signed.* Signature: Katie Bearnson Name (type or print): Katie Bearnson Date: 08/23/2017 Title: Compliance Specialist					
Processed 08/23/2017		* Electronically provided signatures are accepted as original signatures.					